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PTO/SB/21 (03-09) (modified)  
Approved for use through 04/30/2000, OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/802,127	
	Filing Date	March 15, 2004	
	First Named Inventor	Chandler et al.	
	Art Unit	2832	
	Examiner Name	Joselito Sasis Baisa	
Total Number of Pages in This Submission*	15	Attorney Docket No.	MP1744-US1

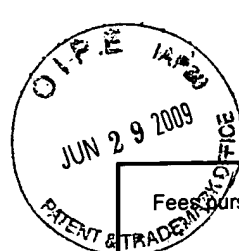
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return postcard and SB08a</b>
Remarks: (*Duplicate copies of SB08a and SB08b, and copies of Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Tyco Electronics Corporation		
Signature	<i>Marguerite E. Gerstner</i>		
Printed Name	Marguerite E. Gerstner		
Date	June 23, 2009	Reg. No.	32,695

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Marguerite E. Gerstner</i>		
Typed or printed name	Marguerite E. Gerstner	Date	June 23, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-08)(modified)  
Approved for use through 06/30/2010, OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/802,127
		Filing Date	March 15, 2004
		First Named Inventor	Chandler et al.
		Examiner Name	Joselito Sasis Baisa
		Art Unit	2832
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	MP1744-US1
TOTAL AMOUNT OF PAYMENT	(\$) 670.00		

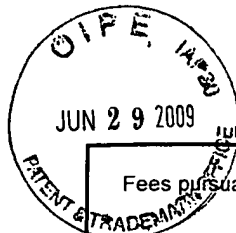
<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 or HP = _____	x _____	= _____	_____			_____	_____
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			_____	_____
_____ - 3 or HP = _____	x _____	= _____	_____			_____	_____
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	_____			
<b>4. Other Fee(s)</b>							
Other (e.g., late filing surcharge): <u>2 month extension for reply to Office Action</u>						<b>Fees Paid (\$)</b>	
						\$490.00	
Other (e.g., late filing surcharge): <u>Information Disclosure Fee</u>						<b>Fees Paid (\$)</b>	
						\$180.00	

<b>SUBMITTED BY</b>		
Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent) 32,695
Name (Print/Type)	Marguerite E. Gerstner	Telephone 650-361-2483
		Date June 23, 2009

<b>Certificate of Mailing (37 CFR 1.8)</b>	
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Date of deposit: <u>June 23, 2009</u>	Name (printed): <u>Marquerite E. Gerstner</u>
Signature: <u>Marguerite E. Gerstner</u>	

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450



Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2009**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 670.00

**Complete if Known**

Application Number	10/802,127
Filing Date	March 15, 2004
First Named Inventor	Chandler et al.
Examiner Name	Joselito Sasis Baisa
Art Unit	2832
Attorney Docket No.	MP1744-US1

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____ - 20 or HP = _____	x _____	= _____	_____	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 3 or HP = _____	x _____	= _____	_____

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	_____

**4. Other Fee(s)**Other (e.g., late filing surcharge): 2 month extension for reply to Office Action**Fees Paid (\$)**\$490.00Other (e.g., late filing surcharge): Information Disclosure Fee\$180.00**SUBMITTED BY**

Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Marguerite E. Gerstner	32,695	650-361-2483
			Date June 23, 2009

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Date of deposit: June 23, 2009Name (printed): Marguerite E. GerstnerSignature: Marguerite E. Gerstner

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